Based on Hospital Medicare Payment And Volume Measures

Provider Number	Hospital Name	Address 1
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL

Page 1 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Address 2	Address 3	City	State
		SPRINGFIELD	MO

Page 2 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Z	IP Code	County Name	Phone Number
65807	GREEN	Ξ	4172696000
65807	GREEN		4172696000
65807	GREEN	=	4172696000
65807	GREEN		4172696000

Page 3 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Diagnosis Related Group

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Simple pneumonia and pleurisy w MCC

Diabetes w MCC

Chest Pain

Page 4 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Medicare Average Payment	Number Of Cases
\$5114.00	30
\$11411.00	104
\$7182.00	55
\$4246.00	85
\$8587.00	184
\$4266.00	103
\$5921.00	128
\$7663.00	125
\$5738.00	96
\$8425.00	175
\$7996.00	23
\$3125.00	86

Page 5 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 6 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

		AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
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260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE

260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL
		AVENUE

Page 7 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures		
	SPRINGFIELD	MO

Page 8 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

65807	GREENE	4172696000
65807	GREENE	4172696000

65807	GREENE	4172696000

Page 9 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Extracranial procedures w CC

Coronary bypass w/o cardiac cath w/o MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w/o CC/MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Page 10 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

\$29840.00	27
\$29381.00	23
\$30420.00	28
\$47240.00	28
\$9120.00	15
\$19087.00	18
\$11796.00	39
\$5884.00	87
\$13083.00	*

\$34700.00 *

Page 11 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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table where data cannot be

Page 12 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
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260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE

Page 13 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 14 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

65807	GREENE	4172696000
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Page 15 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Cardiac defibrillator implant w/o cardiac cath w MCC

Permanent cardiac pacemaker implant w CC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major shoulder or elbow joint procedures w/o CC/MCC

Page 16 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

15	\$39470.00
33	\$15224.00
153	\$11248.00
16	\$26364.00
30	\$6624.00
*	\$46713.00
529	\$11807.00
46	\$10116.00
*	\$6564.00

Page 17 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 18 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

AVENUE

260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
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Page 19 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 20 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

65807	GREENE	4172696000
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Page 21 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Major shoulder or elbow joint procedures w CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

Cervical spinal fusion w/o CC/MCC

Page 22 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

\$143.00 *

\$16878.00	9
\$7307.00 *	
\$5518.00	0
\$20940.00	3
\$35042.00	8
\$11256.00	2

Page 23 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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Page 24 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

		AVENUE
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Page 25 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 26 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 27 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w CC

Cervical spinal fusion w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Page 28 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

\$8535.00 *

\$15340.00	34
\$25947.00 *	
\$15032.00	74
\$30367.00	80
\$8236.00	12
\$9541.00	26
\$14564.00	18

Page 29 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 30 of 54 05/31/2011

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Page 31 of 54 05/31/2011

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> Page 32 of 54 05/31/2011

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Page 33 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Revision of hip or knee replacement w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Page 34 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures		
	\$9707.00	53
	\$5674.00	16
	\$20994.00 *	
	\$14619.00 *	
	\$26687.00 *	
	\$18488.00 *	

Page 35 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 36 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
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260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE

Page 37 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 38 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

65807	GREENE	4172696000
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Page 39 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC	
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Biopsies of musculoskeletal system and connective tissue w CC

Bilateral or multiple major joint procs of lower extremity w MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Page 40 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

\$180	13.00 29
\$124	83.00 *
\$266	80.00 *
	56.00 *
\$196	13.00 *

Page 41 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 42 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
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Page 43 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 44 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

65807	GREENE	4172696000
65807	GREENE	4172696000

Page 45 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for neoplasm w CC Kidney and ureter procedures for neoplasm w MCC Kidney and ureter procedures for neoplasm w/o CC/MCC Other musculoskelet sys and conn tiss O.R. proc w MCC Uterine and adnexa proc for non-malignancy w/o CC/MCC Female reproductive system reconstructive procedures Transurethral prostatectomy w/o CC/MCC Transurethral prostatectomy w CC/MCC

Page 46 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

\$10941.00	22	
\$19310.00) *	
\$8095.00	11	
\$18016.00		
\$4962.00	49	
\$4800.00	39	
\$3720.00	113	
\$6577.00	28	

Page 47 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 48 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

		AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE

Page 49 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 50 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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65807	GREENE	4172696000
65807	GREENE	4172696000

Page 51 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Page 52 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

\$7711.00 *

\$13167.00 *

\$12695.00 *

\$16292.00 *

Page 53 of 54 05/31/2011

Based on Hospital Medicare Payment And Volume Measures

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Page 54 of 54 05/31/2011